

10674530

Application or Docket Number

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

8577-417

**CLAIMS AS FILED - PART I**

**SMALL ENTITY TYPE** ☐ OR **OTHER THAN SMALL ENTITY**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 36            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 36 minus 20 = | * 16         |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    |        | OR | X\$18=    | 288    |
| X43=      |        | OR | X86=      | 86     |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 1144   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

**SMALL ENTITY TYPE** ☐ OR **OTHER THAN SMALL ENTITY**

2-1-07

|   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 36                             | Minus | **                                 | =             |
| Independent   | * 4                              | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

|   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

|   | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.